

REVIEW AND APPROVAL REQUESTED FOR:

☐ Contract ☐ Amendment ☒ Resolution ☐ Ordinance ☐ Policy ☐ Other

**County Counsel
REVIEW ROUTING SHEET**

Date Prepared: 7/9/25Need Date: 7/23/25**PROCESSING DEPARTMENT**

Department: HHSA
Dept Contact: Kiera Garcia
Phone: x6923
Dept. Signature: Alisha Bryden
Title: Admin. Analyst Supervisor

Org Code: 5000000
Funding Source: N/A
PL String: N/A
Legistar #: TBD

CONTRACT INFORMATIONCONTRACT #: N/A

CONTRACT AMENDMENT #: _____

Contracting Department: _____

Contractor/Vendor Name: _____

Contract Term: _____ Contract Value: _____

Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.

ORDINANCE/RESOLUTION/POLICY INFORMATIONTITLE / SUBJECT: IHSS PA Budget Resolution

NUMBER (If Assigned): _____

DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSELFY 2025-26 Adopted Budget Resolution for In-Home Supportive Services Public Authority.**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 8/4/25
Approved ☐ Disapproved ☐ Date: _____

By: Nicole C. Wright
By: _____

Digitally signed by Nicole C. Wright
Date: 2025.08.04 10:48:50 -07'00'

COMMENTS**CONTRACT AMENDMENT ONLY****HR APPROVAL**Compliance with Human Resources requirements? Yes: ☐ No: ☐

Compliance verified by: _____

RISK APPROVAL

Approved ☐ Disapproved ☐ Date: _____
Approved ☐ Disapproved ☐ Date: _____

By: _____
By: _____

COMMENTS